



# Community Caregivers Volunteer Data Sheet

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## For Office Use Only

Volunteer ID No.

Orientation Date

Ref. Ck. Complete

Name		Date of Birth	
Mailing Address		Street Address, if different than mailing address	
City, State, Zip Code		Email address	
Home Phone	Work Phone [Is it OK to call here? Y N ]	Cell Phone	
Church or Faith Community, if any		Occupation	
Current Employer		Does your current or former employer match donations?  ____ Yes ____ No	
Former Employer (if retired)			
Previous Volunteer Experience		Languages Spoken (other than English)	
Other information to help us match you with clients (general interests, hobbies, skills, etc.)		How did you hear about Caregivers?	

### Client service areas in which you are interested:

- |   |   |
|---|---|
| <input type="checkbox"/> Friendly visits            | <input type="checkbox"/> Prescription pickup        |
| <input type="checkbox"/> Transportation/Rides       | <input type="checkbox"/> Reassurance phone calls    |
| <input type="checkbox"/> Respite for caregivers     | <input type="checkbox"/> Paperwork at client's home |
| <input type="checkbox"/> Shopping from a list       | <input type="checkbox"/> Household chores/repairs   |
| <input type="checkbox"/> Escorting a client to shop | <input type="checkbox"/> Meal preparation/delivery  |

Services in which you are MOST interested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Times you are available for client service (most services are needed Monday - Friday between 8 a.m. and 5 p.m.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____

**How often are you available?** \_\_\_\_\_ Once a week \_\_\_\_\_ Twice a week \_\_\_\_\_ As needed  
 \_\_\_\_\_ Once a month \_\_\_\_\_ Seasonally, winter \_\_\_\_\_ Seasonally, summer

**Additional comments on availability** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are you interested in being an office/administrative volunteer? If so, indicate which job(s) might interest you:**

- \_\_\_\_\_ Office assistant, one morning or afternoon per week (computer skills preferred)
- \_\_\_\_\_ Volunteer coordinator, matching volunteers with clients to fill service requests (computer/email skills required)
- \_\_\_\_\_ Committee member
- \_\_\_\_\_ Assistant, annual fundraising events (Gala, Golf, Friehofer's Walk, etc.)

**To assist us in making a good client/volunteer match:**

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to visit a smoker? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to provide volunteer service outside your own immediate area? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Have you ever been convicted of a violation of any laws, traffic or other?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**If you hold a professional license (MD, RN, MSW, CSW, etc.), has it ever been suspended/revoked?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Do you have any physical limitation that may limit your activities?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Whom do we notify in an emergency?** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

**If you're volunteering for transportation, how far are you willing to drive (round trip, from your home and back again)?** \_\_\_\_\_ miles

**What type of vehicle do you drive (sedan, SUV, small truck, other)?** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_ **Policy expiration date:** \_\_\_\_\_

**NY State Driver's License Number:** \_\_\_\_\_ **License expiration date:** \_\_\_\_\_

**Other State Driver's License Number (if any):** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

**Other State Home Address (if any):** \_\_\_\_\_

***For your safety and protection and the safety and protection of our clients, we review your NYS DMV driving record. Signing the bottom of this page authorizes Community Caregivers to request your record from the Department of Motor Vehicles.***

**Please give two references we may contact (not family or personal friends, but other Community Caregivers volunteer, clergy, teacher, employer, etc.):**

Name	Telephone No.	Relationship
Street Address		Email

Name	Telephone No.	Relationship
Street Address		Email

***I hereby give my consent for Community Caregivers to contact my references, to contact my past and present employers, and to request and review a copy of my Department of Motor Vehicles driving record.***

\_\_\_\_\_  
Signature of Volunteer Date \_\_\_\_\_ Signature of Orientation Instructor Date \_\_\_\_\_

Signature of Parent (if volunteer is under age 18) \_\_\_\_\_ Date \_\_\_\_\_